

TRAVEL EXPENSE CLAIM

See Instructions and *Privacy
Statement on Reverse Side

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SFD 262 (REV. 7/2005)

CLAIMANT'S NAME LAURA N. CHICK		SSN or EMPLOYEE NUMBER*		DEPARTMENT Planning & Research	
POSITION Inspector General		CB/ID No. Exempt	DIVISION or BUREAU Governor's Office		INDEX NUMBER 226
RESIDENCE ADDRESS*		HEADQUARTERS ADDRESS 1400 Tenth Street		TELEPHONE NUMBER (916) 397-9477	
CITY Sacramento	STATE CA	ZIP 95814			

(1) MONTH/YEAR		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION					(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
(2) DATE	TIME			BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES	AMOUNT		
9/1	15:30	Fresno	94.08			18.00								112.08
9/2	15:00	Fresno		6.00	10.00									16.00
SUBTOTALS			94.08	6.00	10.00	18.00								128.08
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL

128.08

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

Press conference with US Attorney, Fresno and Tulare District Attorneys and Fresno Mayor. Meeting

Editorial board of Fresno Bee.

*Lost receipt for breakfast on 9/2/09.

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

0.55

AGENCY ACCOUNTING OFFICE
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754.



Laura Chick
1400 10th St
Sacramento, CA 95814
United States

Room No. : 838
Arrival : 09-01-09
Departure : 09-02-09
Page No. : 1 of 1
Folio No. : 525999
Conf. No. : 521533
Cashier No. : 107
User ID : WMARTIN

INFORMATION INVOICE

Membership No. :
A/R Number :
Group Code :
Company Name :

09-02-09 /

Date	Text	Charges	Credits
09-01-09	Room	84.00	
09-01-09	City Tax 12%	10.08	
Total		94.08	0.00
Balance			94.08

Join goldpoints plus today! Enroll in goldpoints plus at a participating hotel front desk or on line at goldpointsplus.com and start earning Gold Points today!

Thank You For Staying With Us

I agree that my liability for this bill is not waived and agree to be held personally responsible in the event that the indicated person, company or association fails to pay for any portion or the full amount of these charges.

Guest Signature _____

Radisson Hotel & Conference Ctr. Fresno
2233 Ventura Street
Fresno, CA 93721
Telephone: (559) 268-1000 Fax: (559) 441-2954

HERO'S SPORTS
LOUNGE & PIZZA CO.

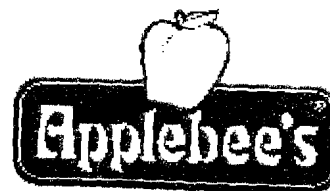
3443 Laguna Blvd
Elk Grove
916-632-8200

9/1/2009 8:53:00 PM

Card Type: Master Card
Card Number: XXXXXXXXXXXX2269
Server Name: STEPHANI
Check Number: 39510
Table Number: 25

TOTAL AMOUNT DUE 25.17

TIP



(Neighborhood Grill & Bar)

APPLEBEE'S
NEIGHBORHOOD GRILL & BAR
2501 Fulkert Rd
Turlock, CA 95380

ADRIANA T TB#63-C3
DATE: 09-02-09 TIME: 02:05 PM GUESTS: 2

CARD TYPE: MASTERCARD
CARD NUMBER: *****2269
APPROVAL CODE: 272862
Merchant ID:
Trans Type: Auth

Amount: 13.53

Tip: _____

Total: _____

Cardmember agrees to pay total in
accordance with agreement governing
use of such card.

** GUEST COPY **